NATIONAL PROFESSIONAL CREDENTIALING ASSOCIATION

ETHICS COMPLAINT FORM

515 East High Street, Suite 202 • Jefferson City, Missouri 65101
Phone: (573) 644-1710 • Email: info@natproca.org • Website: www.natproca.org

FOR NPCA USE ONLY

Complaint Number		Date Received	
Received By		Case Status	

Instructions: Please type or print clearly. Give the full name and address of the professional against whom the complaint is made. State the facts of the complaint clearly and specifically. Copies of documents, letters, or other supporting exhibits should be provided whenever possible.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

Complainant Name (Required)	
Telephone Number (Required)	
Street Address (Required)	
City, State, Zip Code	
E-Mail Address (Required)	

WITNESS INFORMATION

Witness Name	
Address	
Telephone Number	

INFORMATION ABOUT THE PROFESSIONAL BEING REPORTED

Full Name of Professional	
Certificate Number (If Known)	
Home Address (If Known)	
Telephone Number (If Known)	
Employer	
Employer Address	
Employer Phone Number	

DESCRIPTION OF COMPLAINT

Date(s) of Alleged Violation(s): _____

Principal Number: _____ Paragraph: _____

Give a brief description of the facts and details of the event(s). Attach additional pages if necessary.

_____

_____

_____

_____

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_____

Will you, as the complainant, willingly testify at a hearing if NPCA takes disciplinary action as a result of this complaint? ☐ YES ☐ NO

CONFIDENTIALITY STATEMENT

Both the complaint and any information obtained as a result of the investigation shall be considered a closed record and shall not be available for inspection by the general public. However, a copy of the complaint and any attachments may be provided to the professional who is the subject of the complaint or their legal counsel as part of the ethics review process.

CERTIFICATION

I hereby certify that, to the best of my knowledge, all statements contained in this complaint are true and correct.

Signature of Complainant: _____ Date: _____

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

(SEAL)